

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter for which a patent is sought on the invention entitled:

PIROPLASMID VACCINE

the specification of which [CHECK ONE]

[] is attached hereto.

[] was filed on _____ as Application Serial No. _____
_____ and was amended on _____
[if applicable].

[X] was filed under the Patent Cooperation Treaty on 14 September 2004, Serial No. PCT/EP2004/052169, the United States of America being designated.

[] and amended by letter of _____ to the International Preliminary Examining Authority as reported in the International Preliminary Examination Report completed _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined Title 37, Code of Federal Regulations Section 1.56 (a).

I hereby claim foreign or provisional application priority benefits under Title 35, United States Code, Section 119 of any foreign or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign or provisional application(s) for patent or inventor's certificate having a filing date before that of the application(s) on which priority is claimed:

Prior Application(s)	Priority claimed
<u>03020898.7 EP</u>	<u>14/09/2003</u> <u>Y</u>
Number Country	Day/Month/Year filed
	[y/n]
Number Country	Day/Month/Year filed
	[y/n]
Number Country	Day/Month/Year filed

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **PIROPLASMID VACCINE**

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

(U.S. Serial No.)	(Filing Date)	(Status – patented, pending abandoned)
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(U.S. Serial No.)	(Filing Date)	(Status – patented, pending abandoned)
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And I hereby appoint as principal attorney, William M. Blackstone, Registration No. 29,772, David M. Gryte, Registration No. 41,809, Aaron L. Schwartz, Registration No. 48,181 as patent attorneys.

Please address all communications to:


Customer No.: 31846
William M. Blackstone
INTERVET INC.
Patent Department
29160 Intervet Lane
P.O. Box 318
Millsboro, DE 19966

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **PIROPLASMID VACCINE**

Full name inventor: **Erik de VRIES**

Inventor's signature: 

Date: 17/2/2006

Residence: **Rhenen, The Netherlands**

Citizenship: **Dutch**

Post Office Address: **Galgenberg 17,
3911 JJ Rhenen
The Netherlands**

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **PIROPLASMID VACCINE**

Full name of inventor: **Fasila Razia GAFFAR**

Inventor's signature: _____ Date: _____

Residence: **Amsterdam, The Netherlands**

Citizenship: **Dutch**

Post Office Address: **George Sandstraat 7
1102 AG Amsterdam
The Netherlands**

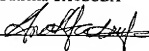
Docket No.: 2003.010 US

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **PIROPLASMID VACCINE**

Full name of inventor: **Ana Patricia YATSUDA**

Inventor's signature: _____



Date: _____

22/3/2006

Residence: **Utrecht, The Netherlands**

Citizenship: **Brazilian**

Post Office Address: **Iepstraat 3
3581 LK Utrecht
The Netherlands**

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **PIROPLASMID VACCINE**

Full name of inventor: **Theodorus Cornelis SCHAAP**

Inventor's signature: _____

Date: _____

Residence: **Beugen, The Netherlands**

Citizenship: **Dutch**

Post Office Address: **Laag Werveld 7
5835 CP Beugen
The Netherlands**

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PIROPLASMID VACCINE

the specification of which [CHECK ONE]

☐ is attached hereto.

☐ was filed on _____ as Application Serial No. _____ and was amended on _____ [if applicable].

☒ was filed under the Patent Cooperation Treaty on 14 September 2004, Serial No. PCT/EP2004/052169, the United States of America being designated.

☐ and amended by letter of _____ to the International Preliminary Examining Authority as reported in the International Preliminary Examination Report completed _____.

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Number	Country	Day/Month/Year filed	<input type="checkbox"/> y/n
Number	Country	Day/Month/Year filed	<input type="checkbox"/> y/n
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(U.S. Serial No.)	(Filing Date)	(Status – patented, pending abandoned)
(U.S. Serial No.)	(Filing Date)	(Status – patented, pending abandoned)

And I hereby appoint as principal attorney, William M. Blackstone, Registration No. 29,772, David M. Gryte, Registration No. 41,809, Aaron L. Schwartz, Registration No. 48,181 as patent attorneys.

Please address all communications to:

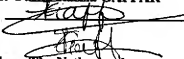
Customer No.: 31846
William M. Blackstone
INTERVET INC.
Patent Department
29160 Intervet Lane
P.O. Box 318
Millsboro, DE 19966

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **PIROPLASMID VACCINE**

Full name of inventor: **Fasila Razia GAFFAR**

Inventor's signature: 

Date: 10-2-2007

Residence: **Amsterdam, The Netherlands**

Citizenship: **Dutch**

Post Office Address: **George Sandstraat 7
1102 AG Amsterdam
The Netherlands**